

CROSS CREEK ANIMAL HOSPITAL

Standard Consent Form for Anesthesia & Surgical Procedures

11/29/16

Owner(s) Name: _____ Client No: _____

Pet's Name: _____ Canine Feline Other Male Female

As the owner or agent of the above pet, I hereby give my consent and authorization for the performance of the following operation and/or procedure(s):

SPAY
<input type="checkbox"/> Optimum Package <input type="checkbox"/> Basic Plus Package <input type="checkbox"/> Basic Package <input type="checkbox"/> Hoke, FOA, Cumb

NEUTER
<input type="checkbox"/> Optimum Package <input type="checkbox"/> Basic Plus Package <input type="checkbox"/> Basic Package <input type="checkbox"/> Hoke, FOA, Cumb

<input type="checkbox"/> Declaw <input type="checkbox"/> < 2yrs <input type="checkbox"/> > 2 Yrs <input type="checkbox"/> Add Package <input type="checkbox"/> Grooming <input type="checkbox"/> Radiology <input type="checkbox"/> Dental Cleaning <input type="checkbox"/> Ultrasound <input type="checkbox"/> Other: _____
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Pain relief is mandatory with all surgical procedures. It is more humane, less physically stressful and your pet's recovery time is quicker. You will be charged according to the following guidelines: Optimum, Basic Plus, & Basic Package: **included**
 Cats and dogs **under 25lbs.: \$23.00** Dogs **between 26 - 50lbs.: \$28.00** Dogs **over 51lbs.: \$33.00**
 *For Hoke, FOA, & Cumberland County procedures, an E-Collar is strongly recommended at an additional cost.

Pre-Anesthetic and Surgical Health Screening

If your pet needs anesthesia, we strongly recommend a blood profile to reduce the risks and check your pet's health prior to a surgical procedure. The latest technology allows us to perform safe and accurate blood chemistries minutes before anesthetic induction. These tests are similar to those your physician would perform if you were undergoing anesthesia. Test results will also serve as future reference values should your pet become ill.

	Pet Health Screen 1	Pet Health Screen 2	Pet Health Screen 3
Recommended for	Healthy, young animals from shelters, pet stores and commercial breeders	Healthy animals younger than 2 years	Healthy animals age 2 to 7 years
Includes	Complete blood count (assesses anemia, infections, and blood clotting factor)	Pet Health Screen 1 BUN (kidney) ALT (liver) TP (hydration) ALP (liver) Glucose (sugar) Creatinine (kidney)	Pet Health Screen 2 Globulin (immune stress) ALB (protein) Calcium (certain cancers)
Other Surgical Procedures	_____ <input type="checkbox"/> \$44.00	_____ <input type="checkbox"/> \$75.00	_____ <input type="checkbox"/> \$93.50
Included in our Spay/Neuter Packages	Basic Spay/Neuter	Basic Plus Spay/Neuter	Optimum Spay/Neuter

I decline the recommended pre-anesthetic blood profile, and request that you proceed with anesthesia. I assume full financial responsibility for this animal. I understand that there is always a potential risk for anesthesia and surgery.

Preparation of Surgical Patients - In preparation for surgery, your pet's surgical site will be shaved. If we need to place an I.V. catheter, your pet may be shaved on any of the four legs. In preparation for pre-anesthetic blood work, your pet may need to be shaved on the neck. Shaving of the hair will not affect hair re-growth and we will take every precaution to only shave your pet where it is necessary. **Owner's Initials** _____

Extraction of Teeth during Dental Cleanings - Extracting teeth requires additional time, instrumentation and skill. Only the doctor will extract teeth. We will only extract teeth that are not healthy and can not be saved. There will be an additional charge for extractions depending on the number of extractions. In order to provide optimum care and safety for your pet we require permission to extract teeth prior to your pet undergoing anesthesia. **Owner's Initials** _____

The nature of these operations or procedures has been explained to me, and I understand what will be done. I have also been informed that there are certain risks/complications associated with any operation or procedure of this type and they have been explained to me as well. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures at additional cost. By my signature, I herein release Cross Creek Animal Hospital from any medical or professional liability for my pet's surgical outcome.

Owner's Signature: _____ **Date:** _____

I would like to be contacted through the PetDesk App _____ No I prefer to be called _____

Emergency Phone Numbers: Day: _____ Evening: _____